

CHALENG 2005 Survey: VA Central Texas HCS (VAMC Marlin - 674A5, VAMC Temple - 674 and VAMC Waco - 674A4 and VAOPC Austin - 674BY)

A. Homeless Veteran Estimates:

1. Estimated Number of Homeless Veterans (from the CHALENG Point of Contact Survey): 1040

2. Estimated Number of Veterans who are Chronically Homeless: 354

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; <http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf>

Our figure for chronically homeless is a conservative estimate. We used the following formula to obtain this number*:

1040 (estimated number of homeless veterans in service area) x **chronically homeless rate (34 %)** (percentage of individuals who have been homeless for a year or more or had at least four homeless episodes during the past three years AND have a mental health or substance abuse disorder).*

*Note: # of homeless veterans in the service area comes from 2005 CHALENG POC survey. "Chronically homeless rate" comes from FY 2005 homeless veteran intake data provided by the VA Northeast Program Evaluation Center. (Special thanks to Dr. Wes Kaspro, NEPEC investigator for providing this data.)

Our estimate is conservative. It DOES NOT also include veterans who may not have had a substance abuse/mental health disorder but did have a disabling medical condition (VA does record information on medical conditions but not on whether the condition is "disabling").

B. Data from the Point of Contact Survey

1. Housing Inventory

Housing Inventory	Beds	# of additional beds site could use
Emergency Beds	49	50
Transitional Housing Beds	135	50
Permanent Housing Beds	6	30

2. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2005: 0

3. CHALENG Point of Contact Action Plan for FY 2005

Transitional living facility or halfway house	Austin: Foundation Communities seeking funding to renovate facility for transitional housing. Waco: Increase transitional housing units by 12
Long-term, permanent housing	Austin: Foundation Communities seeking funding to renovate 140-bed facility for permanent housing. Waco: Develop case management system to link people with housing options. Temple: Shelter Plus Care grant will provide 8 rental vouchers.
Job training	Austin: Various agencies providing employment services.

C. Data from the CHALENG Participant Survey

Number of Participant Surveys: 40 Non-VA staff Participants: 90.0%
Homeless/Formely Homeless: .0%

1. Needs Ranking (1=Need Unmet 5= Need Met)

Need	Site Mean Score	**% want to work on this need now	VHA Mean** Score (all VA sites)
Personal hygiene	3.30	11.0%	3.47
Food	3.89	11.0%	3.80
Clothing	3.79	3.0%	3.61
Emergency (immediate) shelter	2.92	28.0%	3.33
Halfway house or transitional living facility	2.32	44.0%	3.07
Long-term, permanent housing	1.85	56.0%	2.49
Detoxification from substances	2.97	8.0%	3.41
Treatment for substance abuse	3.00	14.0%	3.55
Services for emotional or psychiatric problems	3.0	11.0%	3.46
Treatment for dual diagnosis	2.5	14.0%	3.30
Family counseling	2.77	5.0%	2.99
Medical services	3.38	8.0%	3.78
Women's health care	2.65	8.0%	3.23
Help with medication	2.97	6.0%	3.46
Drop-in center or day program	2.41	3.0%	2.98
AIDS/HIV testing/counseling	3.21	.0%	3.51
TB testing	3.28	.0%	3.71
TB treatment	3.15	.0%	3.57
Hepatitis C testing	2.95	.0%	3.63
Dental care	2.18	14.0%	2.59
Eye care	2.40	.0%	2.88
Glasses	2.39	.0%	2.88
VA disability/pension	3.45	.0%	3.40
Welfare payments	2.97	3.0%	3.03
SSI/SSD process	3.10	6.0%	3.10
Guardianship (financial)	2.81	3.0%	2.85
Help managing money	2.51	.0%	2.87
Job training	2.97	8.0%	3.02
Help with finding a job or getting employment	3.08	11.0%	3.14
Help getting needed documents or identification	3.16	.0%	3.28
Help with transportation	2.72	11.0%	3.02
Education	2.97	3.0%	3.00
Child care	2.47	3.0%	2.45
Legal assistance	2.51	.0%	2.71
Discharge upgrade	2.86	.0%	3.00
Spiritual	3.26	3.0%	3.36
Re-entry services for incarcerated veterans	2.73	8.0%	2.72
Elder Healthcare	2.67	6.0%	3.06

* % of site participants who identified this need as one of the top three they would like to work on now.

**VHA: Veterans Healthcare Administration (136 reporting POC sites, n=4321).

2. Level of Collaboration Activities Between VA and Community

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score (non-VA respondents only)
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.24
Co-location of Services - Services from the VA and your agency provided in one location.	1.88
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.47
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.97
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.50
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.24
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.32
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.64
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.70
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.44
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.38
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.50

3. VA/Community Integration

Integration Scale: 1 (low) to 5 (high)	Site Mean Score (non-VA respondents only)
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.92
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.71

CHALENG 2005 Survey: VA North Texas HCS (VAMC Bonham - 549A4 and VAMC Dallas - 549)

A. Homeless Veteran Estimates:

1. Estimated Number of Homeless Veterans (from the CHALENG Point of Contact Survey): 5000

2. Estimated Number of Veterans who are Chronically Homeless: 1450

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; <http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf>

Our figure for chronically homeless is a conservative estimate. We used the following formula to obtain this number*:

5000 (estimated number of homeless veterans in service area) x **chronically homeless rate (29 %)** (percentage of individuals who have been homeless for a year or more or had at least four homeless episodes during the past three years AND have a mental health or substance abuse disorder).*

*Note: # of homeless veterans in the service area comes from 2005 CHALENG POC survey. "Chronically homeless rate" comes from FY 2005 homeless veteran intake data provided by the VA Northeast Program Evaluation Center. (Special thanks to Dr. Wes Kaspro, NEPEC investigator for providing this data.)

Our estimate is conservative. It DOES NOT also include veterans who may not have had a substance abuse/mental health disorder but did have a disabling medical condition (VA does record information on medical conditions but not on whether the condition is "disabling").

B. Data from the Point of Contact Survey

1. Housing Inventory

Housing Inventory	Beds	# of additional beds site could use
Emergency Beds	2000	120
Transitional Housing Beds	262	20
Permanent Housing Beds	480	100

2. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2005: 15

3. CHALENG Point of Contact Action Plan for FY 2005

Long-term, permanent housing	Work with Urban League and Metrocare to develop SRO in southern section of Dallas.
Legal Assistance	Invite Dallas Legal Aid to provide services at VA
Re-entry services for incarcerated veterans	Form incarcerated veterans committee and develop strategies for both transition back into community and involvement in jail diversion programs.

C. Data from the CHALENG Participant Survey

Number of Participant Surveys: 18 Non-VA staff Participants: 77.8%
Homeless/Formerly Homeless: 33.3%

1. Needs Ranking (1=Need Unmet 5= Need Met)

Need	Site Mean Score	**% want to work on this need now	VHA Mean** Score (all VA sites)
Personal hygiene	3.56	.0%	3.47
Food	3.78	6.0%	3.80
Clothing	3.78	.0%	3.61
Emergency (immediate) shelter	3.33	41.0%	3.33
Halfway house or transitional living facility	3.28	39.0%	3.07
Long-term, permanent housing	2.78	67.0%	2.49
Detoxification from substances	3.39	6.0%	3.41
Treatment for substance abuse	3.67	12.0%	3.55
Services for emotional or psychiatric problems	3.7	6.0%	3.46
Treatment for dual diagnosis	3.7	12.0%	3.30
Family counseling	3.17	.0%	2.99
Medical services	4.17	18.0%	3.78
Women's health care	3.78	.0%	3.23
Help with medication	3.94	.0%	3.46
Drop-in center or day program	3.50	6.0%	2.98
AIDS/HIV testing/counseling	3.78	.0%	3.51
TB testing	3.89	.0%	3.71
TB treatment	3.83	.0%	3.57
Hepatitis C testing	3.72	.0%	3.63
Dental care	3.33	.0%	2.59
Eye care	3.44	.0%	2.88
Glasses	3.39	.0%	2.88
VA disability/pension	4.06	6.0%	3.40
Welfare payments	3.22	.0%	3.03
SSI/SSD process	3.33	12.0%	3.10
Guardianship (financial)	3.00	.0%	2.85
Help managing money	3.06	6.0%	2.87
Job training	3.12	18.0%	3.02
Help with finding a job or getting employment	3.24	24.0%	3.14
Help getting needed documents or identification	3.41	.0%	3.28
Help with transportation	3.06	12.0%	3.02
Education	3.06	6.0%	3.00
Child care	2.82	.0%	2.45
Legal assistance	3.00	.0%	2.71
Discharge upgrade	3.12	.0%	3.00
Spiritual	3.65	.0%	3.36
Re-entry services for incarcerated veterans	3.12	6.0%	2.72
Elder Healthcare	3.41	6.0%	3.06

* % of site participants who identified this need as one of the top three they would like to work on now.

**VHA: Veterans Healthcare Administration (136 reporting POC sites, n=4321).

2. Level of Collaboration Activities Between VA and Community

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score (non-VA respondents only)
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.58
Co-location of Services - Services from the VA and your agency provided in one location.	2.33
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.38
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.92
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.00
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.38
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.46
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.85
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.69
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.08
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.31
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.38

3. VA/Community Integration

Integration Scale: 1 (low) to 5 (high)	Site Mean Score (non-VA respondents only)
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	4.23
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.38

CHALENG 2005 Survey: VA South Texas Veterans HCS (VA OPC Corpus Christi, TX - 671BZ)

A. Homeless Veteran Estimates:

1. Estimated Number of Homeless Veterans (from the CHALENG Point of Contact Survey): 787

2. Estimated Number of Veterans who are Chronically Homeless: (Data not available)

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; <http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf>

Our figure for chronically homeless is a conservative estimate. We used the following formula to obtain this number*:

787 (estimated number of homeless veterans in service area) x **chronically homeless rate** (Data not available) (percentage of individuals who have been homeless for a year or more or had at least four homeless episodes during the past three years AND have a mental health or substance abuse disorder).*

*Note: # of homeless veterans in the service area comes from 2005 CHALENG POC survey. "Chronically homeless rate" comes from FY 2005 homeless veteran intake data provided by the VA Northeast Program Evaluation Center. (Special thanks to Dr. Wes Kaspro, NEPEC investigator for providing this data.)

Our estimate is conservative. It DOES NOT also include veterans who may not have had a substance abuse/mental health disorder but did have a disabling medical condition (VA does record information on medical conditions but not on whether the condition is "disabling").

B. Data from the Point of Contact Survey

1. Housing Inventory

Housing Inventory	Beds	# of additional beds site could use
Emergency Beds	477	286
Transitional Housing Beds	12	700
Permanent Housing Beds	214	400

2. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2005: 4

3. CHALENG Point of Contact Action Plan for FY 2005

Services for emotional or psychiatric problems	We are working towards identifying new funding for housing for individuals with emotional and psychiatric problems.
Long-term, permanent housing	Ending Chronic Homelessness Committee is working on improving discharge planning from foster care, healthcare, and correctional facilities. Information is being gathered, gaps identified, and forum discussion is to be held.
Immediate shelter	Identify available shelter when needed through the Homeless Management Information System which is growing in the community.

C. Data from the CHALENG Participant Survey

Number of Participant Surveys: 30 Non-VA staff Participants: 75.9%
Homeless/Formerly Homeless: 13.3%

1. Needs Ranking (1=Need Unmet 5= Need Met)

Need	Site Mean Score	**% want to work on this need now	VHA Mean** Score (all VA sites)
Personal hygiene	3.50	7.0%	3.47
Food	4.00	11.0%	3.80
Clothing	3.30	11.0%	3.61
Emergency (immediate) shelter	3.27	21.0%	3.33
Halfway house or transitional living facility	3.30	7.0%	3.07
Long-term, permanent housing	2.38	25.0%	2.49
Detoxification from substances	3.17	.0%	3.41
Treatment for substance abuse	3.20	7.0%	3.55
Services for emotional or psychiatric problems	3.6	21.0%	3.46
Treatment for dual diagnosis	3.4	14.0%	3.30
Family counseling	3.37	7.0%	2.99
Medical services	3.87	14.0%	3.78
Women's health care	3.14	.0%	3.23
Help with medication	3.27	.0%	3.46
Drop-in center or day program	3.07	4.0%	2.98
AIDS/HIV testing/counseling	3.33	.0%	3.51
TB testing	3.27	.0%	3.71
TB treatment	3.07	.0%	3.57
Hepatitis C testing	3.10	.0%	3.63
Dental care	2.63	25.0%	2.59
Eye care	2.93	.0%	2.88
Glasses	2.86	.0%	2.88
VA disability/pension	3.83	.0%	3.40
Welfare payments	3.30	.0%	3.03
SSI/SSD process	3.30	.0%	3.10
Guardianship (financial)	3.30	4.0%	2.85
Help managing money	3.03	21.0%	2.87
Job training	3.10	21.0%	3.02
Help with finding a job or getting employment	3.03	14.0%	3.14
Help getting needed documents or identification	3.33	7.0%	3.28
Help with transportation	3.03	29.0%	3.02
Education	3.20	14.0%	3.00
Child care	3.03	.0%	2.45
Legal assistance	3.00	.0%	2.71
Discharge upgrade	3.10	.0%	3.00
Spiritual	3.10	.0%	3.36
Re-entry services for incarcerated veterans	3.13	7.0%	2.72
Elder Healthcare	3.37	.0%	3.06

* % of site participants who identified this need as one of the top three they would like to work on now.

**VHA: Veterans Healthcare Administration (136 reporting POC sites, n=4321).

2. Level of Collaboration Activities Between VA and Community

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score (non-VA respondents only)
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.18
Co-location of Services - Services from the VA and your agency provided in one location.	1.64
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.82
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.73
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.36
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.36
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.73
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.91
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.45
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.64
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.55

3. VA/Community Integration

Integration Scale: 1 (low) to 5 (high)	Site Mean Score (non-VA respondents only)
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	3.27
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	3.20

CHALENG 2005 Survey: VA South Texas Veterans HCS (VAMC Kerrville - 671A4 and VAH San Antonio - 671)

A. Homeless Veteran Estimates:

1. Estimated Number of Homeless Veterans (from the CHALENG Point of Contact Survey): 3402

2. Estimated Number of Veterans who are Chronically Homeless: 1497

The federal Interagency Council on Homelessness defines chronic homelessness as follows:

A person experiencing chronic homelessness is defined as an unaccompanied individual with a disabling condition who has been continuously homeless for a year or more or has experienced four or more episodes of homelessness over the last three years. A disabling condition is defined as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. Federal Register Vol. 70, No. 53, March 21, 2005, page 13588; <http://www.hud.gov/offices/adm/grants/nofa05/gensec.pdf>

Our figure for chronically homeless is a conservative estimate. We used the following formula to obtain this number*:

3402 (estimated number of homeless veterans in service area) x **chronically homeless rate (44 %)** (percentage of individuals who have been homeless for a year or more or had at least four homeless episodes during the past three years AND have a mental health or substance abuse disorder).*

*Note: # of homeless veterans in the service area comes from 2005 CHALENG POC survey. "Chronically homeless rate" comes from FY 2005 homeless veteran intake data provided by the VA Northeast Program Evaluation Center. (Special thanks to Dr. Wes Kaspro, NEPEC investigator for providing this data.)

Our estimate is conservative. It DOES NOT also include veterans who may not have had a substance abuse/mental health disorder but did have a disabling medical condition (VA does record information on medical conditions but not on whether the condition is "disabling").

B. Data from the Point of Contact Survey

1. Housing Inventory

Housing Inventory	Beds	# of additional beds site could use
Emergency Beds	1225	0
Transitional Housing Beds	972	40
Permanent Housing Beds	70	300

2. Number of Homeless Veteran Families (veterans with minor dependents) Served in FY 2005: 13

3. CHALENG Point of Contact Action Plan for FY 2005

Help finding a job or getting employment	Southern Texas Veterans Healthcare System has been authorized to hire an employee for a Supportive Employment Program. New GI Forum transitional housing program will provide employment assistance.
Transitional living facility or halfway house	Our VA has been approved for a 40-bed homeless domiciliary in FY 2006.
Transportation	Purple Heart Organization will supply \$100 monthly in bus tokens to our homeless program. VA has agreed to provide shuttle service between VA and American GI Forum transitional living program.

C. Data from the CHALENG Participant Survey

Number of Participant Surveys: 21 Non-VA staff Participants: 76.2%

Homeless/Formerly Homeless: 4.8%

1. Needs Ranking (1=Need Unmet 5= Need Met)

Need	Site Mean Score	**% want to work on this need now	VHA Mean** Score (all VA sites)
Personal hygiene	3.35	.0%	3.47
Food	4.00	6.0%	3.80
Clothing	3.60	.0%	3.61
Emergency (immediate) shelter	3.55	.0%	3.33
Halfway house or transitional living facility	3.50	19.0%	3.07
Long-term, permanent housing	2.55	63.0%	2.49
Detoxification from substances	2.95	25.0%	3.41
Treatment for substance abuse	3.32	29.0%	3.55
Services for emotional or psychiatric problems	3.7	12.0%	3.46
Treatment for dual diagnosis	3.4	6.0%	3.30
Family counseling	3.40	.0%	2.99
Medical services	3.85	19.0%	3.78
Women's health care	3.55	.0%	3.23
Help with medication	3.50	.0%	3.46
Drop-in center or day program	2.75	13.0%	2.98
AIDS/HIV testing/counseling	3.74	.0%	3.51
TB testing	3.65	6.0%	3.71
TB treatment	3.47	.0%	3.57
Hepatitis C testing	3.75	.0%	3.63
Dental care	3.05	6.0%	2.59
Eye care	2.90	13.0%	2.88
Glasses	2.90	6.0%	2.88
VA disability/pension	3.45	.0%	3.40
Welfare payments	3.00	.0%	3.03
SSI/SSD process	3.20	6.0%	3.10
Guardianship (financial)	2.95	.0%	2.85
Help managing money	2.90	.0%	2.87
Job training	3.05	.0%	3.02
Help with finding a job or getting employment	3.35	13.0%	3.14
Help getting needed documents or identification	3.10	6.0%	3.28
Help with transportation	2.85	13.0%	3.02
Education	3.00	.0%	3.00
Child care	2.55	6.0%	2.45
Legal assistance	2.85	6.0%	2.71
Discharge upgrade	3.28	.0%	3.00
Spiritual	3.00	13.0%	3.36
Re-entry services for incarcerated veterans	2.80	25.0%	2.72
Elder Healthcare	3.20	.0%	3.06

* % of site participants who identified this need as one of the top three they would like to work on now.

**VHA: Veterans Healthcare Administration (136 reporting POC sites, n=4321).

2. Level of Collaboration Activities Between VA and Community

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score (non-VA respondents only)
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.53
Co-location of Services - Services from the VA and your agency provided in one location.	2.07
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.53
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.60
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.60
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.67
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.27
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.27
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.27
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.60
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.67

3. VA/Community Integration

Integration Scale: 1 (low) to 5 (high)	Site Mean Score (non-VA respondents only)
VA Accessibility: In general, how accessible do you feel VA services are to homeless veterans in the community?	4.31
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless veterans with your agency.	4.25